



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR REGISTRATION OF A MOBILE SALON OR SHOP
INSTRUCTION SHEET

When to File an Application

You are required to obtain a **professional license from the Division of Professional Regulation** for each mobile salon or shop you are operating in Delaware. File an application when:

- you open (or purchase) a **new** (or additional) mobile salon/shop
- the **ownership** of an existing mobile salon/shop is changing (*regardless of whether the name is changing*)

In addition to the professional license, you must obtain a **business license from the Division of Revenue** for each salon or shop you operate. To apply, visit www.revenue.delaware.gov or call the office for your area:

Wilmington (302) 577-5800 Georgetown (302) 856-5358 Dover (302) 739-5251

Requirements for All Applications

- ☐ Submit completed, signed and notarized [Application for Registration of a Mobile Salon or Shop](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware." Applications received without the required fee will be rejected.
- ☐ Enclose detailed floor plan on 8 ½" x 11" paper or blueprints.
- ☐ Enclose a copy of the shop's or salon's Delaware [Division of Revenue business license](#).
- ☐ Enclose a copy of the vehicle registration card.

All persons providing professional services in the mobile salon/shop must hold the appropriate professional license.

All mobile salons/shops operating in Delaware must comply with the Division of Public Health's *Rules and Regulations* on sanitation. This document is available at www.dpr.delaware.gov. Click on [Cosmetology](#), then on [Sanitation Regulations](#).

The law and [Rules and Regulations](#) for Cosmetology/Barbering are available at www.dpr.delaware.gov.

What Happens After You File

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of the items above no later than 4:30 PM ten full working days before the Board's meeting date. The Board meets on the last Monday of each month at 9:00 a.m. except for August and December. The [meeting calendar and agendas](#) are available online.

Following the meeting, you will be notified in writing of the Board's decision. If approved, the license will be enclosed. **No inspection takes place before the mobile salon/shop opens.**



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TYPE OF APPLICATION

1. Check the item that describes why you are filing this application (check one):

- ☐ **New Salon/Shop** – I am opening a *new* mobile salon or shop.
- ☐ **Change of Ownership** – The ownership of an *existing* mobile salon/shop has changed.
- Name of mobile salon/shop as it appears on the current license: _____
 - Professional license number from current license: **M8**- _____

If approved, a new license number will be issued.

- ☐ **New Vehicle** – An existing mobile salon/shop has changed mobile units but the ownership has not changed. The Board must approve this application before the new mobile unit opens.
- Name of mobile salon/shop as it appears on the current license: _____
 - Professional license number from current license: **M8**- _____
 - Anticipated date of salon/shop opening: _____

If approved, a new license number will be issued.

CONTACT INFORMATION

2. Business Name: _____

3. Enter the address of the **physical location** from which you will dispatch the mobile unit and to which you will return (park) it when it is not in use. A post office box is **not** acceptable:

Street (no PO Box)

City State Zip

4. Enter the address of the **permanent business location** where you will keep appointment records, itineraries, employee license numbers and vehicle identification number(s). A post office box is **not** acceptable. We will mail all correspondence about the mobile salon/shop's professional license to this address.

Street (no PO Box)

City State Zip

5. Phone: _____ Fax: _____ Email: _____

VEHICLE INFORMATION

6. Enter the Vehicle Identification Number (VIN) of the mobile unit: _____

Enclose a copy of the vehicle registration card.

7. Does the mobile salon/shop have a Delaware [Division of Revenue business license](#)? Yes ☐ No ☐

Enclose a copy of the Delaware Division of Revenue Business License.

8. Does this mobile salon/shop comply with the [Sanitation Regulations](#) of the Division of Public Health? Yes ☐ No ☐

Submit a detailed floor plan on 8 1/2" x 11" paper or blueprints.

OWNERSHIP AND MANAGEMENT INFORMATION

9. Owner Name(s): _____

10. Owner Mailing Address: _____

Street

City

State

Zip

11. Name of *Professional in Charge* of Mobile Salon/Shop: _____

12. Delaware Professional License Number of Professional-in-Charge: _____ - _____

13. Professional-in-Charge Address: _____

Street

City

State

Zip

14. Professional-in-Charge Phone: _____ Email: _____

SERVICES PROVIDED AND PERSONNEL PROVIDING SERVICES

15. Check all services to be provided by this mobile salon/shop. List the name and Delaware license number of one person who will provide each service.

| SERVICE | NAME | PROFESSIONAL LICENSE |
|------------------------------------------|-------|----------------------|
| <input type="checkbox"/> Cosmetology | _____ | M __ - _____ |
| <input type="checkbox"/> Nail Technology | _____ | M __ - _____ |
| <input type="checkbox"/> Aesthetics | _____ | M __ - _____ |
| <input type="checkbox"/> Electrology | _____ | M __ - _____ |
| <input type="checkbox"/> Barbering | _____ | D __ - _____ |

16. Do all persons who provide cosmetology, barbering, aesthetics, electrology and nail technology services at this mobile salon/shop hold the appropriate Delaware professional license? Yes ☐ No ☐

The Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I certify that the information I give in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Applicant Signature: _____ Date: _____

State of _____ County or City of _____

_____ being first duly sworn deposes and says that he/she is the person who executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____, _____.

SEAL Signature of Notary Public: _____

My Commission expires: _____

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE
REQUIRED FEE WILL BE REJECTED.**